NOTICE OF INDEPENDENT REVIEW DECISION

September 4, 2003

RE:	MDR Tracking # IRO Certificate #	
revie assiç	w organization (IRO). gned the above refere	the Texas Department of Insurance (TDI) as an independent. The Texas Workers' Compensation Commission (TWCC) has enced case to for independent review in accordance with ich allows for medical dispute resolution by an IRO.
detei docu and a	rmination was approp ments utilized by the	ependent review of the proposed care to determine if the adverse priate. In performing this review, relevant medical records, any parties referenced above in making the adverse determination, and written information submitted in support of the appeal was
in pa phys intere the p to	in management whicl ician reviewer has sigest exist between him hysicians or providers for independent rev	was performed by a physician reviewer who is board certified h is the same specialty as the treating physician. The gned a certification statement stating that no known conflicts of n or her and any of the treating physicians or providers or any of s who reviewed the case for a determination prior to the referral view. In addition, the reviewer has certified that the review was r or against any party to this case.

Clinical History

This patient sustained an injury to his back on ____, mechanism unknown. He underwent a fusion, date not in documentation. He later was referred to a pain management physician who is requesting an Orthotrac pneumatic vest.

Requested Service(s)

Orthotrac pneumatic vest

Decision

It is determined that the Orthotrac pneumatic vest is medically necessary to treat this patient's condition.

Rationale/Basis for Decision

This patient is in the palliative stage of care for his low back pain. Dictation states he has been using a decompression vest since March of 2003. Multiple entries in the dictation indicate the patient has increased activity and better sleep with the vest. The patient has

faithfully been wearing the vest according to the dictation sent. The patient has failed back surgery syndrome and possibly has micro-movement around the fusion which is helped by the vest.

North America Spine Society guidelines (phase 3-Unremitting Low Back Pain page 55 address palliative care issues). A brace or decompression vest fit under theses guidelines. Therefore, It is determined that the Orthotrac pneumatic vest is medically necessary.

This decision by the IRO is deemed to be a TWCC decision and order.

YOUR RIGHT TO REQUEST A HEARING

Either party to this medical dispute may disagree with all or part of the decision and has a right to request a hearing.

If disputing a spinal surgery prospective decision a request for a hearing must be in writing and it must be received by the TWCC Chief Clerk of Proceedings within **10** (ten) calendar days of your receipt of this decision (28 Tex. Admin. Code 142.5 (c)).

If disputing other prospective medical necessity (preauthorization) decisions a request for a hearing must be in writing, and it must be received by the TWCC Chief Clerk of Proceedings within **20** (twenty) calendar days of your receipt of this decision (28 Tex. Admin. Code 142.5(c)).

This decision is deemed received by you 5 (five) days after it was mailed or the date of fax (28 Tex. Admin. Code 102.5(d)). A request for hearing and a **copy of this decision** must be sent to: Chief Clerk of Proceedings/Appeals Clerk, Texas Workers' Compensation Commission, P.O. Box 17787, Austin, Texas, 78744, Fax: 512-804-4011.

The party appealing this decision shall deliver a copy of its written request for a hearing to all other parties involved in this dispute.

Sincerely,

In accordance with Commission Rule 102.4 (h), I hereby verify that a copy of this Independent Review Organization (IRO) Decision was sent to the carrier, the requestor and claimant via facsimile or U.S. Postal Service from the office of the IRO on this 4th day of September 2003.